

AO435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER FORM				DUE DATE:	
Please Read Instructions on Page 2.					
1. REQUESTOR'S INFORMATION:		NAME James E. Kolenich		TELEPHONE NUMBER (513) 324-0905	
6/04/2019		EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) JEK318@GMAIL.COM			
MAILING ADDRESS Kolenich Law Office 9435 Waterstone Blvd. Suite 140				CITY, STATE, ZIP CODE Cincinnati OH 45249	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER Heidi Wheeler <u>OR</u> CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 3:17-cv-00072		CASE NAME Sines et al. v. Kessler et al.		JUDGE'S NAME Joel C. Hoppe	
DATE(S) OF PROCEEDING(S) 6/03/2019		TYPE OF PROCEEDING(S) Motion Hearing		LOCATION OF PROCEEDING Charlottesville VA	
REQUEST IS FOR: (<i>Select one</i>) <input checked="" type="checkbox"/> FULL PROCEEDING <u>OR</u> <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>) SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):					
3. SERVICE TURNAROUND CATEGORY REQUESTED: (<i>See Page 2 for descriptions of each service turnaround category.</i>)					
<input type="checkbox"/> Ordinary (30-Day) <input type="checkbox"/> 14-Day <input checked="" type="checkbox"/> Expedited (7-Day) <input type="checkbox"/> 3-Day			<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> RealTime		
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 6/04/2019		SIGNATURE s/James E. Kolenich			

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

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